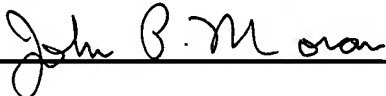


TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/798,945
	Filing Date	March 12, 2004
	First Named Inventor	Satoshi Shinpuku
	Art Unit	--
	Examiner Name	--
Total Number of Pages in This Submission	Attorney Docket Number	19546.0050

ENCLOSURES (check all that apply)				
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTO-1449, 3 references		
<table border="1"><tr><td>Remarks</td><td></td></tr></table>			Remarks	
Remarks				

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	John P. Moran, Reg. No. 30,906 Swidler Berlin Shereff Friedman, LLP
Signature	
Date	April 8, 2004

CERTIFICATE OF MAILING			
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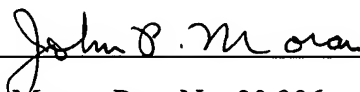
OR

- ☐ following receipt of a Notice of Allowance or a Final Office Action (if this box is checked, the next box and one of the last two boxes also must be checked).
- ☐ The Commissioner is hereby authorized to charge Deposit Account 19-5127, in the amount of \$180.00 for payment of the fee set forth in 37 CFR § 1.17(p).
- ☐ The undersigned certifies that each item of this information is being submitted within three months of the date it was cited by a foreign patent office in a counterpart application.
- ☐ The undersigned certifies that, after making reasonable inquiry, he/she has no knowledge that any item of this information was cited by a foreign patent office in a counterpart application or was known more than three months prior to this submission.

The Commissioner is hereby authorized to charge payment of any deficiency in the above fee(s) or to charge any additional fees required under 37 CFR § 1.16 or 1.17 or credit any overpayment to Deposit Account No. 19-5127.

Respectfully submitted,

Date: April 8, 2004



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APR 08 2004

FORM PTO-1449

Attorney Docket:

Application No.:

19546.0050

10/798,945

INFORMATION DISCLOSURE CITATION

Applicants:

Examiner:

Shinpuku et al.

Filing Date:

Group Art Unit:

March 12, 2004

U.S. PATENT DOCUMENTS

EXAMINER INITIAL	REF. NO.	DOCUMENT NUMBER	DATE	NAME	CLASS	SUB- CLASS
	AA					
	AB					
	AC					
	AD					
	AE					
	AF					

FOREIGN PATENT DOCUMENTS

	REF. NO.	DOCUMENT NUMBER	DATE	COUNTRY	CLASS	SUB- CLASS	TRANSLATION
	CA	08-305710	11/22/1996	Japan			Abstract
	CB	2002-278977	09/27/2002	Japan			Abstract
	CC	2002-024144	01/25/2002	Japan			Abstract
	CD						
	CE						
	CF						
	CG						
	CH						
	CI						
	CJ						

OTHER REFERENCES

REF. NO.	AUTHOR, TITLE, DATE, PERTINENT PAGES, ETC.
CK	
CL	
CM	
CN	
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